

**CAPRA Accreditation**

**Training Request Form**

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|  | **Date Completed:** |       |
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| **Host Organization:** |       |
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| **Contact Name:** |       |  | **Title:** |       |
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| **Address 1:** |       |
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| **Address 2:** |       |
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| **City:** |       | **State:** |       | **Zip**: |       |
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| **Phone:** |       |  | **Fax:** |       |  | **Cell:** |       |
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| **Email:** |       |
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| **Requested Training Date:** |       |  |
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| **Training Location:** |       |
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| **Signature:** |       |

**I have read and understand the** [**CAPRA Training Program Hosting Process**](http://nrpa.org/uploadedFiles/Learn_and_Grow/Agency_Growth_Ops/CAPRA%20Training%20Program%20Hosting%20Process.pdf) **document and following statement:**

* Host organization is responsible for the $800 Hosting Fee plus $25 per registrant requesting CEUs, payable to NRPA.
* CAPRA Standards and Handbook booklets are available online at [www.nrpa.org/CAPRA](http://www.nrpa.org/CAPRA). Please have attendees print and bring with them to the training or print a copy for all attendees.
* Payment for the training must be received within 30 days of training.
* Cancelation fees incurred due to the cancelling of a training by the host are the responsibility of the host.
* Requests to host the CAPRA Training must be approved by NRPA Accreditation Manager.

**Office Use Only**

***Date Rcvd:*** *\_\_\_\_\_\_\_\_\_\_* ***Invoice Sent:*** *\_\_\_\_\_\_\_\_\_\_\_* ***Payment Rcvd:*** *\_\_\_\_\_\_\_\_\_\_* ***Roster Rcvd:\_\_\_\_\_\_\_\_***